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In re Application of:  
STEPHEN C. KENYON, ET AL.

Docket No. 213680.00005

Application No.: 09/903,627

Examiner: David Knepper

Filed: July 31, 2001

Group Art Unit: 2161

For: AUDIO IDENTIFICATION SYSTEM  
AND METHOD

Date: August 17, 2004

THE COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

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AUG 31 2004

GROUP 3600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |  |       |   |                         |                |                   |
|--|--|-------|---|-------------------------|----------------|-------------------|
|  | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST<br>NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE           | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | *<br>122   | MINUS | **<br>138                                       | =<br>0                  | x \$9<br>\$18  | \$000.00          |
| INDEP.<br>CLAIMS                               | *<br>19  | MINUS | ***<br>19                                       | =<br>0                  | x \$43<br>\$86 | \$000.00          |
| Fee for Multiple Dependent claims \$145°/\$290 |  |       |   |                         |                |                   |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT—    |  |       |   |                         |                | \$000.00          |

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_ to Deposit Account No. 50-1710 for the additional claims fee. A duplicate copy of this sheet is attached.

- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-1710. A duplicate copy of this paper is enclosed.
- ☐ Charge \_\_\_ to Deposit Account No. 50-1710 to cover the fee for a \_\_\_ month extension of time fee. A duplicate copy of this paper is attached.
- ☐ Charge \$\_ to Deposit Account No. 50-1710 to cover the Information Disclosure Statement fee. A duplicate copy of this paper is attached.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 625-3507. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorneys for Applicants

Registration No. 31.508

PATENT ADMINISTRATOR  
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